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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** *-*  
**\*\* 08/21/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>AW</i>	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
KENYON & KENYON  
Suite 600  
333 W. San Carlos, Street  
San Jose, CA 95110-2711

**TITLE**  
Method and apparatus to communicate device information between a device and a controller

<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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